First Step Home is the only gender specific certified drug and alcohol treatment facility located in Cincinnati, Hamilton County that allows children up to the age of 12 to enter services with their mother. It was formed in response to the need to reduce the barriers associated with women being forced to surrender their children to foster care when entering a treatment facility and the need for gender specific intensive treatment. The agency began operation in 1993 and has served over 3200 women and 2400 children during that time. The mission of First Step Home is to help women break the cycle of addictions and abuse so that they can become self-sufficient and provide a safe, nurturing environment for their children. Our philosophy is to provide holistic, respectful, non-judgmental, client-centered care that meets the needs of the woman where she is in her recovery. The agency is CARF accredited and ODMHAS certified for mental health and addictions services. First Step Home provides residential and outpatient group and individual therapy, case management, med-somatic services, trauma therapy, housing and childcare. In 2011, First Step Home began to form a coalition of community providers that would attack the issue related to opiate addiction and pregnancy. First Step Home was experiencing a large influx of opiate addicted, pregnant women and had become the primary referral site in the county for women. The coalition of providers, Good Samaritan Hospital, Center for Chemical Addictions Treatment, Crossroads Health Center, and Healthy Moms and Babes began meeting and formed a working group that applied for and received a planning grant from the Health Foundation of Greater Cincinnati in 2011. The final result of the planning grant was the creation of the Maternal Addictions Program located at First Step Home’s 2203 Fulton Ave location. Plans were made to renovate the third floor of the building to house the program with specific design emphasis given to specialized group and individual space, offices to house the maternal team and support service providers such as nutritionists, mental health providers, nursing, housing and vocational case managers. The coalition applied for and received a two year grant for implementation of the program in 2012 and is operating under that grant today. First Step Home is not certified as an OPT center but has been proactive in the coordination of MAT therapies for over three years. We have established working agreements and referral protocols with several certified MAT locations in the area in coordination with Good Samaritan Hospital. The Center for Chemical Addictions Treatment will be the primary provider of MAT services for all women entering the pilot project. A detailed pathway will be presented later in the narrative that is innovative and effective in the administration of the service. Due to our commitment to this issue, First Step Home has become the primary educator to the addictions community on the needs of opiate addicted pregnant women. Our counselors have served on panels, spoken at addiction conferences and provided guidance to hospital based Ob/Gyn practices for the past two years on interacting with addiction providers. First Step Home has spent the last two years designing a system of care that meets all the needs of the grant proposal. We have refined our processes to include a full range of addictions treatment options including group and individual
therapy, mental health assessment and individual therapy, MAT services, connections to prenatal and delivery medical services, post partum medical care for the mother and child, transportation services, housing, peer support, job readiness and employment assistance and primary and pediatric medical care.

3(B) Geographic Location and Accessibility

The primary addictions services will be located at the 2203 Fulton Avenue in the Walnut Hills area of Cincinnati. First Step Home has been located at this facility for the past 14 years and controls 40 transitional housing beds within one block.

The 2203 location is on the bus route and is close to both Good Samaritan and University hospitals. First Step Home provides transport services through its vans and case managers when necessary. The 2203 location will have a new treatment space as outlined in the section above and is equipped to hold up to 16 women in residential services and an additional 40 in supportive housing located on the same block. The location is 4.1 miles from Good Samaritan Hospital where the H.O.P.E. Center is located. Good Samaritan Hospital delivers more babies from addicted mothers than any other hospital in the greater Cincinnati area. In 2007, they recognized the need to develop a more focused approach for working with pregnant women addicted to substances and providing them with safe and nonjudgmental care. They developed a specialized program for women who were opiate abusing – heroin and/or opiate pain pills. They provide case management, social work support, referrals to community support services, nutritional counseling, and financial counseling. At each health care visit, women meet with the program’s team to discuss her current issues and concerns. The team includes a nurse case manager, physician or nurse midwife, social worker, dietitian and financial counselor. Their goal is to have better birth outcomes and reduce preterm birth. The program was initially named CAMP and today is now known as H.O.P.E. – Helping Opiate Addicted Pregnant Women Evolve. Good Samaritan Hospital delivers 80 to 100 babies per year of mothers addicted to opiates. The project team was aware that addicted women may receive their maternity care at other hospitals in the area but the majority that come to First Step Home are delivered at Good Samaritan. The secondary location will be University Hospital’s High Risk Pregnancy Center located 3.5 miles away. They deliver approximately the same amount of babies to mothers who are addicted as Good Samaritan. The two sites deliver 50% of the babies in Hamilton County. University Hospital mirrors the internal medical services as the lead pilot location and will be easily adapted to our project. The third site will be Mercy Anderson Hospital. The hospital is located in the Anderson Township section of eastern Hamilton County. Mercy Anderson provides delivery services to the eastern sector of the county and is the primary delivery site for Clermont County as no other hospital in Clermont County provides that service. All sites will have an assessment specialist on site that will refer clients to the main Fulton location.

The building at 2203 Fulton is ADA compatible and is equipped with advanced IT capacities including interactive group rooms and secure parking.
3(C) Collaboration
The Cincinnati area is rich with histories of collaborative efforts. Community based collaborations have been undertaken to address early childhood development, NIATx service integration, Naloxone use and business integration. The maternal addictions collaboration is just another example of the community’s commitment to improve or remediate harmful conditions. From the beginning of our planning process, we have included the staff of the Hamilton County Mental Health and Addictions Services Board. Linda Gallagher, Vice President of Addictions Services, was on our original planning committee. She has continued to attend meetings regarding the Maternal Addictions Program with other local providers and political figures as we introduced our project to the state and community. The Hamilton County Mental Health and Recovery Services Board will provide a support letter for the proposal. The working relationship with the county Children’s Protective Services organization is well established as First Step Home is the primary referral source for addicted mothers with children in our community. We work daily with the case workers to establish treatment and reintegration plans for our women with ongoing cases. The court system works closely with us in several ways. They refer clients to us through the Drug Court process and interact with our intake staff to receive clients that are deferred from jail to treatment. We also work with the Public Defender’s office, the Municipal Court system, pre-trial services, re-entry services and the state corrections system to act as a receiving point for care. Our Outreach Coordinator visits and distributes materials to hospitals and addictions providers’ throughout the area including Off the Streets, the local human trafficking reduction program. Our staff and leadership serves on operating committees associated with problem as a means of reinforcing our commitment. The outreach coordinator provides contact information to local physician groups and federally qualified health centers. Case Managers work daily with the local Jobs and Family Services department to insure that all benefits that the client is eligible for are attained. Peer support is provided through the First Step Home Peer Support Team. Onsite AA and NA Meetings are hosted weekly, as well as, access to recovery community meetings. The Team works with the clients in our Outpatient program and housing units to provide accessible continuing care services through our alumni groups and onsite continuing care groups that meet weekly. Since July of this year, 76 women have entered treatment under the control of Medicaid MCO’s. We have been in ongoing negotiations with the designated MCO’s to eliminate any enrollment barriers that may arise. We are also in the final stages of obtaining enrollment on non-Medicaid insurance panels for women who do not fit the Medicaid income standards.

3(D) Staffing Description
First Step Home is committed to racial and cultural diversity in the workplace. Recurrent trainings and policies reflect our desire for the staff to reflect that commitment. As part of our yearly process, we review the client demographic and adjust our hiring processes to reflect the current demographic mix. In the maternal addictions project, we currently have two Caucasian
female therapists that reflect the population currently in service. Recently, the demographics reflected a more mixed population of races with African American women being in the project. The therapy staff during that period reflected the population as there was an African American and Caucasian staff mix. We also have adjunct therapists and outside supporting therapists from other cultures that bring a new and diverse point of view to the project in support of our commitment. The current staff ratio is six to one. We have determined that a maximum of ten clients will be assigned to a therapist in order to achieve effective treatment. In the event that the population moves beyond that mark, we will hire additional staff or reassign current staff to alleviate the issue. The staffing ratios are discussed weekly during the maternal clinical sessions. Dr. Michael Marcotte, head of prenatal services at Good Samaritan Hospital and the Medical Director for the project, has access to physicians in the Doctors Clinic associated with the H.O.P.E. Program of the hospital. The physician work force is in reality endless as the hospital staffs the clinic based on needs from the pool of doctors associated with the pregnancy and birthing staff of the hospital. Due to the diverse community of providers attached to the project as partners, a maternal services coordinator position was established. This staff position connects the partners together with the clients in a seamless and integrated manner. She works with the case managers to resolve any daily needs such as medications, medical visits or transportation. Another role is to act as a liaison to the community for maternal education. First Step Home staffing reflects a mix of LISW, LPC and LSW therapists, case managers with LICDC designations, and support staff with CDCA certifications. Partner staffing reflects the same mix of personnel as First Step Home. The organizational chart and job descriptions for critical positions are included in the attachments.

3(E) Participant Recruitment

Our current maternal program recruitment efforts will result in over 90 clients entering treatment this calendar year and projects that number to increase to over 120 in 2014. Our clients are recruited through a network of referral sources located throughout the region. These sources include but are not limited to shelters, county justice centers, probation offices, court systems, addiction agencies, church groups and other hospital systems. It is our goal to locate and recruit as many women as possible in the first trimester through aggressive information sharing with the community and field through daily contact. Field recruitment is performed by our staff member, Jeane Cole, who has over twenty five years of maternal program experience. She visits potential referral sites daily and introduces our services. She distributes information to private physician groups and pregnancy support agencies. She will go to the hospitals to meet potential candidates in their rooms and discuss our program and how it can assist them. She acts as the spokesperson to the community and surrounding counties, and as such, follows the same pattern of outreach as we provide locally. She will attend conferences relating to addiction and pregnancy, educational meetings for agencies who have contact with the pregnant population and other treatment agencies seeking connection to services for opiate addicted pregnant women. First Step Home’s
Community Intake Specialist works with the justice system to capture referrals. Drug Court and the Probation department are especially important. Children’s Protective Services (CPS) and F.A.I.R. are also extremely important as a referral site. First Step Home’s unique mission regarding children being with their mother during treatment has fostered an ongoing dialogue with both of these county departments that has resulted in numerous women entering our services. Both CPS and Probation staff are either here on site weekly or are in contact with First Step Home staff. Drug Court sends pregnant women designated for deferment from incarceration to our maternal program. Good Samaritan Hospital’s HOPE program is the primary hospital based prenatal and delivery referral source for the pilot. The hospital’s experiences indicates that most of their women are in the first trimester of their pregnancy but some will arrive through the emergency room at later stages up to imminent birth. Another excellent source of recruitment that has developed is the Healthy Moms and Babes (HMAB) community van which performs outreach into low income, high risk neighborhoods. They also provide onsite testing for pregnancy, HIV/AIDs and STD’s as part of their outreach mission. HMAB has strong relationships within the Appalachian, African American and Latina communities due to their presence in their community environments. We also utilize the community council networks that exist in the City of Cincinnati as a recruitment tool as they are considered a trusted source of information and connection for the citizens and agencies within their neighborhood. The referral sites indicated above account for the majority of potential participants in the county.

The only criterion for entry, other than not allowing clients with histories of arson or child sex offenses, into the maternal program that we have established is that the woman receives a diagnosis of substance addiction and has proof of pregnancy at time of entry. Non pregnant women are placed in our residential or outpatient services. The intake team of First Step Home handles this process and approves the potential client for entry. In many cases, we will go to the hospital to perform an SBIRT to determine appropriateness for services. First Step Home has a long and developed history of serving multiple ethnic groups. We provide a home for all women and our staffs are extensively trained in cultural outreach. For instance, in situations where Hispanic women are requesting services, interpreter services are available through multiple sources including the Su Casa Hispanic Outreach Center. We have developed digital linkages to our website and social media that allows a potential client to source information regarding potential services and request a meeting with the intake staff. We have developed media pieces that are distributed throughout the area. Brochures and posters that describe the program and methods of contacting our staff are integral to communicating to the public.

Women inducted into the current project reflect divergent stages of pregnancy. Our hospital based referrals generally are for women in the first trimester of pregnancy. Occasionally, they will encounter a woman coming from the street that is advanced in her pregnancy. Any woman presenting for services later than her second trimester will be inducted into our Maternal Addiction Program in lieu of separation from the pilot and will follow the curriculum pathway. If a “hand off” to a new level of care is mandated, the new First Step Home therapist will be
responsible for tracking compliance with her treatment schedule. They will be required to meet the standards established for treatment completion and will be given full access to supportive programs. In situations where the woman desires to discontinue maternal services, the therapist and case manager will identify and attempt to connect her to services that are appropriate to her needs. The hospital recently referred a woman that was seven months pregnant and had not received any medical care to date. She was inducted into the maternal program, placed in MAT services and housed in our residential facility. She delivered a healthy baby, moved to our transitional housing units and successfully completed her addiction course of treatment. She moved back to her family home so that she could start work. She now attends aftercare groups and regularly attends NA meetings in the community. We believe that all women should have services available to them regardless of their stage of pregnancy.

Several barriers to entry have been identified for entry into maternal programming. The first barrier was transportation. Many women were unable to get to our facility from the hospital or their current location. This was resolved through the use of agency vans or taxis being sent to pick up the women. The second barrier was that many of the women we have encountered have children who were being cared for by another family member. This caused problems due to the women being reticent to leave their children behind while they entered treatment. This was resolved by meeting with the family and explaining that the children would be able to enter services with the mother. By entering with their mothers, the children would gain access to our onsite childcare and GLAD House mental health services. Another and most critical barrier is the transient nature of the women who are opiate addicted. In many cases, the women are “flopping” at different locations and are not seeking medical care. They only seek care when it becomes obvious that medical care is needed or that delivery is imminent. The Healthy Moms and Babes outreach, along with our daily outreach, was a key to reaching a resolution around this issue. Community support groups, shelters and public health agencies were educated regarding our program and were able to act as a reliable agent of passage to care. The local Homeless Coalition also provides information and referral to our services. Goodwill and Salvation Army are also supportive referral sites as they have daily encounters with women living on the street. The final barrier that we have encountered was accessing funding for MAT services. Many of our inductions were not enrolled in Medicaid at time of entry. Therefore, MAT agencies were reticent to begin services without an agreement to cover the cost of care. First Step Home entered into agreements with the major MAT agencies in the community, CCHB and OARS that guaranteed the costs of care. Funding to cover the costs of MAT services was provided through fundraising efforts that included the development of the Rose Award Gala and private donations. We have raised over $50,000 to date due in large part to the program receiving a match grant of $25,000 from the Health Foundation of Greater Cincinnati, now known as Interact for Health.
The genesis of First Step Home’s Maternal Addiction Project took root in 2010 when a review of clinical data revealed that the number of pregnant, opiate addicted women had increased from 19 in 2009 to 31 in 2010. This triggered a discussion and root cause analysis by the staff. It was agreed upon that we needed to begin to look for options for treatment that met the needs of these women. That same year, we enlisted the services of a medical student from the University of Cincinnati to begin looking at national options for treatment of opiate addictions for pregnant women. She discovered that the use of subutex in pregnant women was increasing as an alternative to methadone. It was clear that we needed a concise medical opinion to move forward. We enlisted the services of Dr. Thomas Nyugen, an addictions medicine specialist to serve part time on our staff. Dr. Nyugen was charged with meeting with the clients to adjust medications and advise us on alternative pathways for opiate treatment. In 2011, we contacted Drs. Sia and Saia of the Boston Medical Center and requested an opportunity to visit their clinic and gather information on the use of subutex by pregnant opiate addicted women. These two physicians had been operating a high risk pregnancy clinic for the past three years and had extensive experience with MAT protocols. In July of 2011, a team of First Step Home staff visited the clinic and gathered information that was truly revealing. The use of subutex during their pregnancy had a major impact on the babies and mothers at delivery and post partum. The number of days for NICU usage for the newborns whose mothers had been using subutex had decreased significantly and the mothers had experienced a better delivery and quicker recovery. They also noted that as the amount of addictions therapy was increased, the women receiving that therapy showed a much lower relapse rate. The data convinced us to begin planning for a new treatment protocol that included subutex as an option and to examine alternative addictions processes. That commitment was reinforced by data that indicated the number of pregnant opiate addicted women entering services at First Step Home had increased again to 41.

The initial phase of our planning was to introduce our data to a funding source so that we could defer the costs of the planning project. The Health Foundation of Greater Cincinnati reviewed the data and agreed to supply the funds. The funds were to be used to develop a feasibility study around the development of a new and innovative therapy model for pregnant and opiate addicted women. Their charge was to develop a process that could be implanted in other communities as a resource for women experiencing pregnancy and addiction. The second phase of the planning was to identify community partners that would be recruited to serve as an eventual implementation team for this project. Several partners were quickly identified. The prenatal and maternity care services partner would be Good Samaritan Hospital. Good Samaritan Hospital’s H.O.P.E program delivers most of the babies born to pregnant and addicted mothers in the Greater Cincinnati area. The H.O.P.E team consisted of physicians, RN’s and social workers who coordinated the patient’s delivery and community needs. The H.O.P.E team had become the primary referral site to First Step Home for addictions therapy and we therefore had developed a strong alignment with them. The second partner identified was Crossroads Health Center. Crossroads is an FQHC site that we had developed a working relationship for the past six years. They had a unique knowledge of the challenges our women face in coordinating health
care and additions treatment for them and their families. The visit with the Boston physicians had also identified that strong post-partum and pediatric care needed to be provided to insure the maintenance of a healthy life for mother and child. The third partner identified was Healthy Moms and Babes. Healthy Moms and Babes is a prenatal education system that operates out of vans in high risk communities. They also utilized RN’s as prenatal educators and had a staff that was familiar with addictions treatment. Their unique position in the community provided the planning team with insights into trends that were developing regarding addictions at the street level. The final partner was the Center for Chemical Addictions Treatment (CCAT). This agency had 25 years of providing detoxification and short term residential and outpatient treatment services. They also had begun to build a suboxone clinic that was growing and yielding good data. CCAT would provide us with knowledge of the MAT protocols that needed to be followed and would give insight into the barriers experienced by subutex and suboxone users.

In 2011, the team, along with Dr. Nyugen, began meeting to develop the parameters of the feasibility study. The partners identified key outcomes that the project would attack:

1. Increased access to a “wrap around” therapy model that addresses the needs of pregnant women including relapse prevention, environment, nutrition, medical care, mental health care, housing, smoking cessation, parenting education, family reunification, trauma, vocational supports and a seamless return to the community.
2. Increased access to MAT services with a particular interest in expanding the use of subutex as an alternative for pregnant opiate addicted women and supporting continued access post completion of regular treatment.
3. Better birth outcomes centered on decreasing low birth weights, reduced stays in the NICU and less delivery complications

A particular commitment was made to increase effective treatment for trauma in the women. Over 75% of the women entering service at First Step Home had experienced physical, sexual or emotional trauma. The women we served indicated that the trauma they had experienced was the leading factor in their development of an addiction. The new program would include as a requirement the following:

1. Intensive ongoing training for all the partners’ staff on the development of trauma informed care techniques.
2. Use of evidence based approaches that address the integration of mental health, trauma and recovery
3. Barrier reduction for women with trauma issues through a review of policies and procedures that could have a negative effect on healing.

The next issue that was addressed was the need to increase the retention rates for treatment and medical care. It was discovered that failure rates were very high (60%) for opiate addicted pregnant women during the prior two years. Reasons needed to be identified and solutions developed. Using NIATx PDSA processes, it was discovered that women who were receiving
addictions treatment were relapsing at high rates within weeks of birth. It was resolved that the following would become a part of the protocols:

1. Improved education around Neonatal Abstinence Syndrome as a regular part of curriculum development.
2. Improved treatment space that could accommodate the physical needs of pregnant women.
3. Introduction of intensive parenting classes targeting relapse and consequences to the baby.
4. Labor and delivery education to better prepare the women for the birth of their child.
5. Curriculum development that used evidence-based modalities that fit the needs of pregnant women.
6. Increased access to mental health services, particularly access to psychotropic medications and individual therapy.

An environmental review with the pregnant women utilizing focus groups identified that the current treatment space was not conducive to engaged therapy. Seating, needs for expanded therapy space, restroom access, and specialized work spaces such as soft floors that would be used to teach healthy baby interaction were some of the issues. First Step Home committed to renovating the third floor of the 2203 location to accommodate a new and innovative maternal addictions center in 2011 and was granted the funds to develop the space.

Ongoing trauma training, conducted by a local specialist in trauma, was initiated in 2011 that included monthly sessions with the staff. Trauma Informed Care was adopted by all partners as a coordinated therapy practice. It was assumed that all women entering services would have trauma issues and that all women would be screened utilizing the ACE scoring system for severity.

Mental Health certification was accomplished in 2010 at First Step Home and a Mental Health Therapist was hired to begin the process of assessment and therapy with the clients in the Maternal Addictions Program. An advanced practice nurse was contracted to take over the psychotropic medications management piece in 2012 as Dr. Nyugen moved to the UC school of Medicine as an instructor.

A curriculum as developed for the maternal program that specifically addressed both the clinical and supporting education established as critical for implementation.

The H.O.P.E. program and First Step Home staff developed the referral protocols that would open the pathways to addictions treatment during the prenatal and delivery period. They included the adoption of communication systems that alerted First Step Home staff of potential intakes. They set a standard of when assessment would be provided in the hospital or at the main treatment location. The hospital will undertake a full medical examination at induction to determine NAS status and will follow the Vermont protocols pertaining to MAT services. The
hospital will follow established treatment protocols and regarding NAS patients both pre and post birth. Finally, a protocol for first dosage to subutex was approved by CCAT and Good Samaritan that secured MAT services and medications access in a seamless and coordinated manner.

CCAT opened their MAT clinic in late 2011 and began offering subuxone and subutex to the public.

And so in January of 2103, the Maternal Addictions Program began to receive women into services.

The first order of business was to place the new curriculum into practice. First Step Home adopted Stephanie Covington’s Helping Women Recover – A Program for Treating Addiction and Beyond Trauma: A Healing Journey for Women as core modalities. Both are manual-driven treatment programs included in SAMHSA’s National Registry of Evidenced Based Practices (NREPP). In addition, Addiction Education and Maternal Development modules were inserted in order to provide additional content relevant to pregnancy, addiction and preparing for motherhood. The curriculum was designed as a four week program that would then be a handoff to the outpatient staff who would then continue the therapy. Outpatient women were required to attend maternal sessions weekly but at a reduced rate for four more weeks. During this time, the women would be living in our supportive housing units and would be under the therapeutic control of our staff at the main treatment location. The outpatient staff would be responsible for the coordination of housing acquisition and connecting and the monitoring of the vocational counseling requirements. The beginning maternal modules were as follows:

The Helping Women Recover program consisted of 17 sessions organized around 4 domains:

- Self
- Relationship/Support Systems
- Sexuality
- Spirituality

The Beyond Trauma program consisted of 11 sessions organized around 3 domains:

- Violence, Abuse, and Trauma
- Impact of Trauma
- Healing From Trauma.

Motivational Interviewing Techniques were applied in two sessions weekly:

- To Identify Barriers to Recovery
- Begin the Process of Change
- Instill Confidence in the Ability to Heal
In addition, relapse education consisting of 8 modules and maternal development consisting of another 8 modules were a core part of the therapy curriculum. Parenting, smoking cessation, and family groups were also initiated as part of the weekly schedule. In all, the women were receiving over thirty hours of group and two hours of individual therapy per week. The weekly schedule is attachment #3 in our proposal.

Mid-course corrections were made to the schedule to accommodate the needs of the women identified through focus groups. More emphasis was given to maternal education and relapse prevention by adding more time for these topics. Women with newborns were permitted to bring their babies into group to increase bonding time and case management time was added to plan and coordinate maternal and baby care at Crossroads. Another piece was the addition of tracking cards that each woman would carry that chronicled her attendance in the required groups and follow up with medical appointments and prenatal/post-partum care. Movement to the outpatient level of care would not occur until the card indicated complete compliance with the required course work. Procedures for passage to outpatient and aftercare therapy while maintaining connection to the Maternal Addictions curriculum was added to insure that pregnant women who were eligible for outpatient or aftercare services post residential but who were still pregnant, would continue to receive care within the established guidelines. Aftercare programming would be accessible for all women for a minimum of 18 months post completion of the maternal program. Aftercare therapists would be responsible for the development of a transition plan that would cover community re-integration, MAT continuation, childcare, medications access and other supportive services as needed. Clients wishing to engage in other aftercare providers would be connected to other community sources of care. Finally, a more intensive two-week session with an engagement specialist was added to the program to insure that the client was fully oriented and ready to engage in the clinical phases of care. Special emphasis was given to Motivational Interviewing Techniques as a tool for identifying the most dominant barrier to care that the client identified and working during this time to resolve. This addition proved to be a great success with ten day retention approaching 100%.

MAT services for the first four months followed a traditional pathway utilizing methadone as the primary medication. During this time, the staffs of Good Samaritan and CCAT met frequently to develop operating protocols that would connect the patient entering into the H.O.P.E. program with the medical staff of CCAT for their MAT care. Several obstacles were identified including benzodiazepines use with pregnant women, higher malpractice costs for CCAT due to pregnant women being introduced into care, introduction of suboxone and subutex into the hospital formulary, physicians at the hospital being certified to prescribe those drugs, initial dosing at the hospital with subutex and the pass off to physician care at CCAT for regular prescription management and monthly assessment. By August of 2013, all of these issues were resolved and pregnant women began using the new MAT care model. The illustrations below indicate the old and new process flow for induction.
HOPE Intake

New Pregnancy

Methadone

First Step Home
Inpatient

Other provider/
First Step Home
not involved

First Step Home
Outpatient

First Step Home
Inpatient

First Step Home
Outpatient

Other provider/
First Step Home
not involved

Buprenorphine

HOPE Intake
New Pregnancy

Old MAT Flow
The flow chart below summarizes the new integrated approach to MAT and therapy connectivity that will be used for the expansion to new pilot sites. The process can be “dropped” into each site with little stress. Integration will be supervised by the medical director and coordinated with the staffs of the pilot sites, CCAT and First Step Home. Training will be offered to eliminate confusion regarding the flow process. Funds are available to pay for the physicians to receive their training for Buprenorphine administration.
That model connected pre-natal and delivery services to addictions treatment to MAT services in a new and innovative process that utilized each partners’ strengths and eliminated previous
barriers around access to medical and addictions therapy and MAT services. Following completion of treatment services at First Step Home, the client will be passed to CCAT to continue MAT services and complete the titration plan established by CCAT physicians. By the end of October 2013, over half of the women entering the Maternal Addictions Program had either converted to subutex or were in the process of doing so. We are projecting that 90% of the intakes directed from the H.O.P.E. program will be using subutex as the primary MAT drug by year’s end.

Healthy Moms and Babes education sessions proved to be very well received and necessary for the women. The majority of the women we were providing care to had very little experience with proper baby or personal care. Education groups around breast feeding and baby care were expanded. Individual counseling sessions were provided to the women that needed intensive follow-up. The planning for the expansion of the home visitation program began and was completed in September of 2013. New assessment tools were added for the in home counselor that would address infant mortality reduction, post-partum depression management, developmental delays, safety in the home and family planning. A schedule of services is attached as attachment #5 to the submission.

Crossroads Health Center continued to provide primary and pediatric care for the women and their current children as required. The post-partum care element was passed to Crossroads Health Center after the final hospital care medical check. First Step Home and Crossroads then began processing women utilizing the standard medical and medications management protocols that were being used for the past five years. Bernens Pharmacy expanded their formulary to include both subuxone and subutex. Medications are delivered by Bernens to First Step Home where they are stored in our secure medical area.

GLAD House services were added after meeting with the First Step Home childcare staff. These conversations indicated that more 2 and 3 year olds were exhibiting aggressive behaviors such as biting, fighting, non-communication and obstinacy. 95% of the children identified were children of mothers that were addicted at delivery and utilized methadone to control their opiate addiction. GLAD House has been collaborating with First Step Home for over 15 years. GLAD House is certified by the Ohio State Mental Health and Addiction Services Department to provide mental health services and prevention of substance abuse for children. GLAD House is also certified by the Council on Accreditation (COA). GLAD House has been providing prevention treatment programming for children six through 11 years of age while their mothers were receiving treatment in First Step Home. The children’s therapeutic program that was developed and approved for GLAD House would include the following components: individual sessions with the mother and the child bi-weekly to support the mothers in their roles as primary caregivers and facilitate the child’s optimal development; group socializations to strengthen the parent-child relationship and parenting skills; routine medical assessment and care at Crossroads Health Center to monitor appropriate developmental milestones and child development education. The curriculum we would use is the evidence based model program, The Incredible
Years, which includes two developmentally based curricula for parents and children. The program was designed to promote emotional and social competence and to prevent, reduce, and treat aggressive, defiant oppositional and impulsive behaviors. The program promotes children’s social competence and reduces conduct problems. The parent sector of the program helps parents strengthen parenting skills and become more involved in their children’s activities. Some of the benefits of the program are: increased children’s appropriate cognitive problem-solving strategies; increased children’s use of pro-social conflict management strategies with peers; increased children’s social competence and appropriate play skills and reduced conduct problems. The evaluation tool that would be used is the Devereux Early Childhood Assessment (DECA). It was anticipated that 35 children and their mothers would be served by this program annually. First Step Home and GLAD House are in the process of applying for HEAD Start expansions for 2014. The expansion would cover children ages 2 to 12 and would be housed at First Step Home for the younger children and at GLAD house for the older children.

The experiences of Boston Medical and our data from the first ten months of operations indicate that the use of a coordinated approach that links medical care with addictions treatment and MAT will result in improved outcomes for opiate addicted, pregnant women. Here is a sampling of our findings:

1. 78 women have entered the Maternal Addictions Program in the first ten months of 2013. It is projected that 90 will enter by years end.
2. 89% of the 70 babies born were drug free at birth.
3. Only one baby was below the target birth weight target of 5lbs, 8 oz. This was due to a premature birth triggered by a chronic health issue that prevented a full term birth.
4. 94% of the women passing into our outpatient housing remained in treatment and connected to maternal services.
5. Babies born to women on subutex at birth experienced NICU stays averaging four days versus 14 days for babies delivered by women using methadone. The reduction in days resulted in a savings of over $900,000 to Medicaid.

3(G) Vocational, Job Placement and Ancillary Services

The plan for providing vocational assistance and access to ancillary counselors developed after discussions with clients and care managers who worked with the women daily on job issues. The discussions lead to the development of three core services that would be accessed by all of the maternal women.

The first task required the planning and development for a new position titled “Vocational Educator”. This person would be a member of the First Step Home staff and would be responsible for providing direct vocational counseling and coordination with ancillary providers. The position would pull back some of the current responsibilities attached to the care managers surrounding the provision of vocational assistance and assign them to the Vocational Educator. This would allow more care management time for housing acquisition and resolution of daily
maternal needs. The Vocational Educator would be inserted into the weekly schedule for group sessions on vocational topics such as resume construction, identification of skill sets and strengthening of verbal and written communications skills. The Vocational Educator would also coordinate job search activities such as job fair attendance, attendance at open interview and scheduling interviews. The educator would also be responsible for setting referrals and monitoring progress with outside vocational support agencies such as Dress for Success. The educator would also perform the McGraw Hill TABE II test for cognitive skill identification so that appropriate access to GED services would be accomplished. The last critical element of the job is the construction of a vocational plan. The plan would provide a road map for employment of the client. It would be an honest and factual narrative on the tasks the client would have to complete to successfully gain employment. It would be reviewed as part of the client treatment plan and would include MAT maintenance, childcare resources, supportive medical needs, relapse prevention, housing needs, financial overview and scheduling of in-home outreach.

The Vocational Educator would also coordinate visits with Dress for Success. This is a Cincinnati based affiliate of a national organization that provides women with clothing for job search and counseling on interview tools for the achievement of successful job acquisition and retention. They provide these services through a van that comes to the agency location twice monthly. Their counselors are experienced in proper professional presentation and employment barriers related to appearance.

Finally, the Vocational Educator would coordinate conferences with the staff of Huntington Bank. Huntington offers free financial counseling that focuses on daily activities such as access to a no cost checking account, savings planning, auto bill payer services and methods of clearing bad credit histories.

### 3(H) Project Plan for Success

First Step Home and its partners have the unique advantage since we have developed and operated an integrated maternal addictions program that was outlined in prior sections since January of 2013. Prior to going live, two years of planning were undertaken to properly plan for our maternal addictions program. During that time, we have identified numerous barriers and essential elements to success. The core elements of success are as follows:

The ability to engage women and keep them in treatment is essential. We have found that aggressively pursuing women at the hospital level is an effective method of engaging in care. In order to achieve this, the meshing of protocols and policies of the hospital and agency must be undertaken. Issues relating to patient access and the passage of the patient into our care are a precise process. We have worked diligently with hospital staff and community partners to achieve the pathway of care we now deploy. We have also come to know that keeping women in service requires intensive engagement practices. We have developed a two week engagement
period that utilizes individual intensive therapy to identify and reduce initial barriers to retention. Family pressures to leave, relationship issues with significant others, mental instability and women entering services at young ages are some of the issues we address. Once the engagement period is completed, the client moves to the main therapy model for treatment and passage into our next level of care.

Access to MAT services is also critical to success. The ability to engage the client in MAT therapy at the onset of services was found to be critical. We have developed a pattern of access that merges the hospitals with the Center for Chemical Addictions Treatment (CCAT) and First Step Home that is truly innovative and effective. Patients pass from hospital medical care to First Step Home’s treatment service and then to CCAT MAT clinic seamlessly. This diagram illustrates this process is included as attachment #6.

The final piece needed for successful maternal addictions treatment was the development of a holistic approach to treatment that includes nutrition education, parenting education, family therapy, housing, reintegration into the workforce, smoking cessation and peer support. Our clients come to us with very little knowledge of the necessary components of successful living. While many have had other children, they lack skills around proper baby care and nutrition for themselves and their children. We have utilized a nutritionist from Good Samaritan Hospital to do weekly nutrition classes for the women. We use the birth educators from Healthy Moms and Babes to introduce topics such as proper breast feeding techniques, baby care and proper play with infants. Our in house care managers work with the women as they enter our outpatient housing to begin the process of resume building and identification of appropriate work possibilities. This has lead to over 65% obtaining employment post partum. Our recovery housing is offered to the women who cannot immediately find placement in the community. Our housing units assist in filling the gaps that have developed over the years around acquisition of stable housing for women and their children. Bad rental histories, unpaid utility bills and lack of adequate finances are examples. The women in our housing continue to receive care weekly through the outpatient and aftercare programming offered at First Step Home. Finally, peer support has proven to be a strong element of success. Peer support is provided though our house manager, case aid and former clients that have successfully regained control of their lives. Aftercare programming offers access to peer support in sessions that are held twice weekly. During these sessions the peers, recruited from First Step Home alumni, will work with the women on sobriety and relapse prevention. Attendance at AA and NA sober support groups is critical to recovery. Tracking of attendance is a regular part of the weekly review with the woman’s therapist. Hospital based birth mothers groups are also a part of the recovery process, especially for women that have had problematic or unsuccessful deliveries. Finally, we have developed a corps of “Birth Moms” volunteers who follow the woman throughout her pregnancy and into community housing. They provide social contact as a supportive friend and confidant.
They also become life educators to women that have not experienced constructive family histories. MOU’s are included as attachments.

3(I) Participant Retention

The strategy for participant retention is founded on the system of care we operate having the ability to surround the woman with integrated care ranging from medical to addictions treatment to mental health services to housing and employment to in-home care and children’s mental health treatment. Each partner working in coordination and connected through a protocol of care and agreed upon services defined in a Memorandum of Understanding. The primary reason cited for leaving services is the feeling of being “disconnected” from care. Our goal has been to follow the woman as she is referred for services through initiation of treatment to birth to passage into the community and provide her with all the tools she will need to succeed. The women that have passed through our project to date reflected by collected data indicate that the supports given to them have empowered them to stay sober and build their families. 87 of the 90 women entering our project have had successful births, delivered babies at proper weights in all but one case and have stayed sober and maintained their MAT therapy into the outpatient phase of treatment. The most critical period of retention risk that we have identified is during the first ten days of care.

As noted earlier, we utilize enhanced engagement techniques such as Motivational Interviewing and ACE scoring for trauma as early as the first day of treatment in the hospital or addictions center. We meet twice weekly individually with the women in the project to review goals and plan new ones as they progress through treatment. A critical piece of the plan is their involvement with sober support groups in the community. First Step Home hosts three in house groups and identifies community locations for the others. Particular emphasis is placed on this through the weekly therapy session and the attendance tracking tool utilized for these meetings. We assist them with transport and medications as needed. Again and again, we reinforce to them that they are not alone in their journey. Women are assessed during treatment through treatment plan review sessions to determine if new barriers have been identified as the client gains sobriety and the associated “honesty” that nurtures. As the client changes to a new level of care, a formal re-assessment is undertaken to develop the new goals needed for passage back into the community and the development of a transitional plan to execute that process. The retention planning used has demonstrated positive results. To date, the retention rate for the maternal women using these techniques has improved to over 87% for the first 30 days of treatment and 96% for the following 30 days of treatment. These two milestones have been established as the core data reporting points for our program. For those clients that fail to engage and leave services, we attempt to re-engage whenever possible and give options for access to services at First Step Home or other agencies that meet their needs. Pre-discharge planning is undertaken by staff to find the most suitable placement for the client. In cases where treatment is abandoned by the client without notice, attempts are made to re-contact and advise the client on pathways for re-entering services and maintaining prenatal care.
Communications with medical services is constant as we track the continuation of care through the postpartum phase and beyond. The outreach services provided by Health Moms and Babes nursing staff interact with the client in home and assess the progress of the client and her medical maintenance. Further tracking is provided though the aftercare programming and is monitored by regularly scheduled meetings with the maternal staff. Retention rates are reported to the partners via monthly meetings and to the First Step Home’s board and county board through our in house outcomes reporting.

3(J) Monitoring and Continuous Improvement

Beyond the aforementioned description of the monthly meetings as a tool for monitoring progress, we will be utilizing data collection of internals to monitor our progress and sustainability. Clinical, financial and outcomes measures will be collected by our Clinical Quality Director and placed in our in house data tracking system. The data will be collected by the partners and transmitted onto the REDCap (Research Electronic Data Capture) electronic data capture tool hosted at Cincinnati Children’s Hospital. REDCap is a secure, web-based application designed to support data capture for research studies, providing: 1) an interface for validated data entry 2) audit trails for tracking data manipulation and export procedures and 3) automated export procedures for data downloads to statistical packages. The data will be entered by the partners directly but will be monitored by the QI Director of First Step Home for accuracy and accountability. All data will be backed up at our cloud site and at a secondary location in Pennsylvania via nightly backup software. Mid month reporting will take place in preparation for the monthly partners meetings.

A major piece of analyzing program effectiveness will be the initiation of NIATx change teams into the quality assurance process. First Step Home has been using the NIATx change process for over three years. The process is based on the formation of change teams composed of staff from the agency and lead by a change leader that will identify weak processes or barriers. The team uses tools such as focus groups, satisfaction surveys and rapid cycle changes to facilitate change. The team will install process changes that are measured in two week cycles. The data collected from these changes is reviewed for effectiveness against a baseline and either adopted, adapted or aborted. This system has a proven track record of success nationally and has shown high levels of effectiveness in our clinical, operational and financial processes. The partners in the project will be given a primer on how to use NIATx from our in house change leader who will guide the team through the initial installation with the partners. Results of the team’s work will be published to the partners and reviewed as necessary. The current Maternal Addictions Project has used this tool to make several changes to our processes with great success in the last year.

3(K) Data Collection and Reporting
The partners in the Maternal Addictions Project all have sophisticated QI management systems in place. First Step Home has a dedicated Quality Control Manager that collects data from the clinical areas and reports back to the agency regularly. The finance department of First Step Home collects and shares financial data weekly and monthly to our board and staff. The process of data collection described in the section above reflects our partnerships commitment to being a data based program that manages their outcomes against measurable, predictable standards. The issue that remains is our commitment to collecting outcomes data as we progress with the project. We are committed to ascertaining the effectiveness of MAT therapy with this population and also to deliver research on the issues surrounding the reduction of NICU days, birth weights, treatment retention and reduction of pre-natal deaths as a result of converting from methadone to subutex during pregnancy. This can only be accomplished with the introduction of a research component. We, as a partnership, are committed to this process and are equipped to collect and deploy the data to the state as required.

3(L) Cooperation with Quality Improvement and Evidence Based Practices

First Step Home and the partners in the Maternal Addiction Program are committed to full cooperation with the requirements surrounding Quality Improvement and adherence to evidence based practices. Our commitment will be managed by our Quality Assurance department who will coordinate with the partners on the data collection through our web-based data collection (detailed in section K) system and will act as the liaison to the ODMHAS staff for passage to the state. We believe our commitment to building the web-based system will create a workable and easily accessible platform for data management. All of the data elements required by the grant are available through our partner’s proprietary data bases or through the First Step Home in house data management system. We currently track outcomes data from our existing Maternal Addictions Program that includes NICU days, birth weights, abstinence, housing, vocational success rates and medical care conformance. We also collect and submit data to NIATx through a web based collection portal and have done so for four years with great success.

First Step Home’s Maternal Addictions Program utilizes evidence based practices and therapy models such as Stephanie Covington, CBT, Motivational Interviewing and Trauma Informed Care. Our commitment to quality improvement and evidence based care is exemplified by our six years of attaining a CARF accreditation.

3(M) Implementation Work Plan

The attachments reflect the status of the Maternal Addictions Program in place. The program has been operating for eleven months and therefore will move quicker and will need less time to move to self-sustaining status. The outcomes reflect the consensus of the partnership that was developed during the formation period.

Attachments b(2) and d attached.
3(N)  State Support and MOMS Project Sustainability

First Step Home currently has been operating a collaborative Maternal Addictions program for the past eleven months. As such, financial controls and reporting mechanisms are already in place. The state support provided by the MOMS project grant will allow First Step Home to expand and enhance treatment to include vocational counseling services, additional case managers and the addition of two hospital delivery sites for Hamilton and Clermont Counties. The collection and evaluation of the data generated by this program by the state will allow First Step Home and its partners the opportunity adjust the program as needed to meet the outcomes designated.

Since First Step Home already has the infrastructure in place, we anticipate the funding for the MOMS program to only be needed for two years. Based on the business plan and budget narrative outlined in this application, First Step Home will be able to support the project through fee for service funding, along with in kind donations and fund raising efforts by year three.

During the past year, 76 of First Step Home’s clients were members of state Medicaid Managed Care Plans. That number will grow as Medicaid expansion takes full effect. The additional revenue will accelerate the programs sustainability. In addition, there is a development plan that includes a major fundraiser and a network of donors who have committed to the viability of the program. Naming rights for the new facility have been secured and capital funds have been approved from a private foundation. First Step Home will be adding a staff member to the finance department to expand First Step Home’s participation with the Medicaid Managed Care Plans and to assist clients in enrolling in the Plans. This position will also expand the agency’s enrollment into private insurance panels. This position will be the liaison between First Step Home and the stakeholders. Among this position’s duties will be to keep the stakeholders informed and involved with First Step Home.

By working collaboratively with the contracted partners, as well as the local Mental Health and Recovery Services Board, First Step Home will continue to use the connections that are currently in place to access local and regional funds. First Step Home has a working relationship with the local drug court and is the primary referral site for pregnant women who come in contact with the court.